



**APPLICATION FOR
SECURITY SERVICES
PROFESSIONAL
LIABILITY COVERAGE**

Administered by:
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NOTICE: THIS IS A CLAIMS-MADE FORM: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FULL FORCE. PLEASE REVIEW THE POLICY CAREFULLY. COVERAGE IS WRITTEN ON A SURPLUS LINES BASIS.

1 GENERAL BUSINESS INFORMATION

Applicant Name: _____

Business Address: _____ Do you operate from a residence? Yes No

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

E-Mail: _____ Years in Business: _____ Years Experience: _____

Including owners, how many professionals work at your firm? _____ Number of clerical/support staff: _____

Are the Applicant or contracted employees required to carry firearms as part of the security services rendered? Yes No

What background does the Applicant have in the security industry? _____

2. FINANCIAL AND BUSINESS INFORMATION

a. Total receipts, last 12 months: \$ _____ Show services by approximate percentage (MUST EQUAL 100%):

%	SERVICE PROVIDED	%	SERVICE PROVIDED	%	SERVICE PROVIDED
_____	Airports	_____	Fast Food Restaurants	_____	Schools (K thru 12)
_____	Banks/Financial Institutions	_____	Government Contracts	_____	Sporting Events
_____	Colleges/Universities	_____	Hospitals	_____	Strike Work
_____	Concerts	_____	Hotels/Motels	_____	Traffic Control
_____	Construction Sites	_____	Housing/Residential	_____	Utilities
_____	Conventions	_____	Retail Surveillance	_____	Museums/Galleries
_____	Body Guard Services	_____	Other (describe): _____		

b. State License # & Type: _____

c. Applicant is: Individual Partnership Corporation Other (describe): _____

d. Are the majority of the Applicant's clients under contract? Yes No

e. Does the Applicant sub-contract work? Yes No

If "Yes", does Applicant require proof of insurance from sub-contractors? Yes No

f. Pre-employment screening procedures (check all that apply):

Polygraph Prior Employment Contacted Criminal Background Drug Screening

Fingerprint Check Driving Record Other (describe): _____

3. PRIOR INSURANCE

a. Do you currently have an Errors & Omissions Insurance policy?..... Yes No

If "Yes", specify carrier: _____ Retroactive Date: _____

b. Has any Errors & Omissions or Professional Liability Insurance issued to the Applicant ever been declined, cancelled, or non-renewed? Yes No

3. Prior Insurance, Continued ...

c. Has any Professional Liability claim(s), complaint or proceeding been made against the Applicant or any person or organization proposed for this insurance or any predecessor organization? Yes No

If the answer to questions 3b or 3c above is "Yes", please explain on a separate sheet.

Applicant's
Authorized Signature _____ Date _____

THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH A FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED.